

STATE OF MONTANA
Department of Public Health and Human Services
Human & Community Services Division

LCP IMMUNIZATION CERTIFICATION

I certify that I am in compliance with policy 6-2 and that _____ (child's name) has all of the legally required immunizations, and that I keep a copy of that record at my home where the child care is provided and updated as needed.

Provider's Signature _____ Date _____

.....
I _____ have chosen not to have my child immunized for the following reason:

- ☐ The child is being cared for by an approved relative (grandparents, great-grandparents, aunt or uncle)
- ☐ The child is being cared for in his/her own home
- ☐ The child has a medical condition that contraindicates immunization and have supplied my provider with a doctor's verification of such a medical condition.

Parent/Legal Guardian Signature _____ Date _____

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